

NAME: _____ **LICENSE#:** _____

(Last) (First) (Middle) (Suffix)

If not working as a podiatrist, check here ☐

_____	Address 1
_____	Address 2
_____	City, State, Zip, County
_____	Phone
_____	Email

☐ Check here if same as preferred mailing address

Address 1	
Address 2	
City, State, Zip, County	
Phone	Fax
Email	

Enter average weekly on call hours for **ALL** locations:_____

List **AVERAGE HOURS** worked per week (not on call) at this location:

Direct Patient Care:_____

Administration: _____

Formal Teaching: _____

Research:_____

Other Podiatric Activities: _____

Address 1
Address 2
City, State, Zip, County
Phone

List **AVERAGE HOURS** worked per week (not on call) at this location:

Direct Patient Care: _____

Administration: _____

Formal Teaching: _____

Research: _____

Other Podiatric Activities:_____

Address 1
Address 2
City, State, Zip, County
Phone

List **AVERAGE HOURS** worked per week (not on call) at this location:

Direct Patient Care: _____

Administration: _____

Formal Teaching: _____

Research:_____

Other Podiatric Activities:_____

If you work in more than three locations, check here ☐

Enter the code for your primary and secondary SPECIALTY from the list on the back of this page. Primary Specialty: _____ Secondary Specialty: _____

PODIATRIST'S ORIGINAL SIGNATURE: _____ **DATE:** _____

RETURN FORM TO:
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

PODIATRIC SPECIALTY CODES

FOR	Foot Orthopedics, or Biomechanics
GP	General Practice
PD	Podiatric Dermatology
PGR	Podogeriatrics
PPD	Podopediatrics
ROE	Roentgenology
S	Surgery
OS	Other Specialty
NS	No Specialty